

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No. 9838-

10

State: Montana

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation

42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and Furnishing  
Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 92-01

Supersedes

TN No.

Approval Date

75-23

12/5/91

Effective Date

HCFA ID: 7982E

10/01/91